

**SOUTHWEST LICKING LOCAL SCHOOLS
REQUEST FOR RELEASE OF OR ACCESS TO A STUDENT'S RECORDS**

TO: _____
Previous School, Institution, or Individual's Name

Address

DATE: _____

***Please note, if you do not release special education records from your office, please make a copy of this release form and send to the appropriate office.**

It is requested that the school records as identified below of:

Student's Name

Address

_____/_____/_____
Present Grade Date of Birth

(_____)_____-_____
Telephone Number

The student is being enrolled for the reason indicated below:
Parent/Guardian now resides in our district
Foster/Court placed
Following a teaching parent
Board approved tuition student
Board approved grandparent clause
Board approved Superintendent's agreement

Special Education Records Requested Be Released and Forwarded to:
Southwest Licking Local School District
Office of Pupil Personnel
927-A South Street
Pataskala, Ohio 43062

(please check appropriate boxes)
IEP's – both current & initial
Psychological Evaluation
Multifactor Evaluation
Initial Permission Form
Initial Request for Testing Form
Other
All listed above

Records Requested (please check appropriate boxes):
Official Administration Records including Grades
Competency Test Scores
Proficiency Test Scores
Standardized Achievement Test Scores
Intelligence and Aptitude Scores
Medical/Immunization Records
Attendance Records (Current Year)
Student SSID Number

Be Released and Forwarded To (check one):

Etna Elementary	8500 Columbia Road, Pataskala, Ohio 43062	ees@laca.org
Kirkersville Elementary	215 North 5th Street, Kirkersville, Ohio 43033	kes@laca.org
Pataskala Elementary	395 South High Street, Pataskala, Ohio 43062	pes@laca.org
Watkins Intermediate	2020 Warrior Way, Pataskala, Ohio, 43062	wis@laca.org
Watkins Middle School	8808 Watkins Road, Pataskala, Ohio, 43062	wms@laca.org
Watkins Memorial High School	1954 Warrior Way, Pataskala, Ohio, 43062	wmhs@laca.org
SWL District Office	927A South Street, Pataskala, Ohio, 43062	swlreg@laca.org
SWL Early Learning Center	927B South Street, Pataskala, Ohio, 43062	elc@laca.org

Signature and Title of Southwest Licking School Official

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE

I hereby authorize the school, institution, or individual indicated above to release and/or provide access to the records checked above.

Signature of Parent, Legal Guardian or Adult Pupil

Address if different from that indicated above